

**March 10, 2006**

# **Montana Medicaid Notice**

## **Physicians, Mid-Level Practitioners and Pharmacies**

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### **Prior Authorization for Suboxone<sup>®</sup>/Subutex<sup>®</sup>**

Effective immediately, payment for Suboxone<sup>®</sup> and Subutex<sup>®</sup> will require prior authorization which will be granted providing ALL of the following criteria are met:

- Patient must be 16 years or older.
- Patient must not be pregnant or nursing.
- Indication for use must be treatment of documented opioid dependence. Approval will not be granted for treatment of pain.
- Patient must not be taking other opioids, tramadol (ULTRAM<sup>®</sup>/ULTRAM ER<sup>®</sup>/ULTRACET<sup>®</sup>), or carisoprodol (SOMA<sup>®</sup>).
- Prescriber (M.D. or D.O.) must be a qualifying provider under DATA 2000 (Drug Addiction Treatment Act) and provide the required "X" DEA license number.

### **Limitations**

- Concurrent use of other opioids, tramadol (ULTRAM<sup>®</sup>/ULTRAM ER<sup>®</sup>/ULTRACET<sup>®</sup>), or carisoprodol (SOMA<sup>®</sup>) will not be covered once approval is granted.
- Approvals will be granted for a period of one year. Patients will be allowed up to two years of treatment.

The prescriber (physician, etc.) or pharmacy may submit requests by mail, telephone, or FAX to:

Drug Prior Authorization Unit  
Mountain Pacific Quality Health Foundation  
3404 Cooney Drive  
Helena, MT 59602  
(406) 443-6002 or (800) 395-7961 (Phone)  
(406) 443-7014 or (800) 294-1350 (Fax)

To request prior authorization, providers must submit the information requested on the attached Suboxone<sup>®</sup>/Subutex<sup>®</sup> Request for Drug Prior Authorization Form to the Drug Prior Authorization Unit.

Any questions regarding this notice can be directed to Dan Peterson at (406) 444-2738 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002.

## **Contact Information**

For claims questions or additional information, contact Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958**

**Helena: (406) 442-1837**

Visit the Provider Information website:

**<http://www.mtmedicaid.org>**



# Mountain-Pacific Quality Health Foundation

3404 Cooney Drive, Helena, MT 59602  
Phone (406) 443-6002 - Toll Free Phone 1-800-395-7961  
Fax (406) 443-7014 - Toll Free Fax 1-800-294-1350

*"The best quality  
health care is provided to  
every patient we serve,  
every time."*

## Montana Medicaid Prior Authorization Request Form for Use of Suboxone® (buprenorphine/naloxone) or Subutex® (buprenorphine)

1. Patient's Name: \_\_\_\_\_ 2. Date: \_\_\_\_\_  
3. I. D. Number: \_\_\_\_\_ 4. D.O.B: \_\_\_\_\_  
5. Physician's Name: \_\_\_\_\_  
6. Physician's Phone # \_\_\_\_\_ 7. Physician's Fax Number: \_\_\_\_\_  
8. Drug/Dose Request: \_\_\_\_\_ (mg) 9. Daily Directions: \_\_\_\_\_ (Ex: 1 QD)

Please answer the following questions by checking yes or no:

EVIDENCE	YES	NO	COMMENTS BY PROVIDER
10. Is the patient 16 years or older?			
11. Is the patient pregnant or nursing?			Contraindicated in Nursing
12. Is the indication for use in treatment of documented "opioid dependence"?			
13. Is the patient concurrently taking other opioids, tramadol (ULTRAM®/ULTRAM ER®/ULTRACET®), or carisoprodol (SOMA®)? 14. If the patient is taking any of these medications currently, will patient be weaned off prior to initiation of Suboxone®/Subutex®? <b>NOTE: If approval is granted, these medications will <u>NOT BE COVERED</u> if used concurrently.</b>			
15. Does the prescriber (M.D. or D.O.) have the required "X" DEA license in order to prescribe?			Required

- PA will be granted for a period of one year. Patients will be allowed up to two years of treatment.
- Benefit will provide for two trials.

16. Signature of Physician: \_\_\_\_\_

17. DEA#: X-\_\_\_\_\_

### Important Notice

The attached information is **CONFIDENTIAL** and is intended only for the use of the addressee(s) identified above. If the reader of this message is not the intended recipient(s) or the employee or agency responsible for delivering the message to the intended recipient(s), please note that any dissemination, distribution or copying of the communication is strictly prohibited. Anyone who receives this in error should notify us immediately by telephone, toll-free at (800) 395-7961 or locally at 406-443-6002, and return the original message to us at the address above via U. S. Mail.